

# Rights & Responsibilities

You must read your rights and responsibilities. If you need help understanding them, or would like a copy (in larger print), call 1-800-479-6151. You can also review them online at anytime by visiting [myBenefits.vt.gov](https://myBenefits.vt.gov).

- 1. I have the right to appeal any decision I disagree with.** I may request a fair hearing if benefits are delayed, denied, ended, or changed. My case may be presented by the head of household or a representative, such as a lawyer, relative, friend, or other spokesperson. To begin the process I may call the Benefits Service Center at **1-800-479-6151**; write to ESD Deputy Commissioner, Department for Children and Families, HC 1 South, 280 State Drive, Waterbury, VT 05671-1020; or write to the Human Services Board, 14-16 Baldwin St., Second Floor, Montpelier, VT 05633-4302.
- 2. I have the right to a copy of this application.** To get one I can call the Benefits Service Center at **1-800-479-6151**.
- 3. I have the right to a timely decision.** Unless a delay is caused by me, a doctor, an unexpected emergency, or an administrative problem beyond ESD's control, I can expect a decision within 30 days of submitting my application.
- 4. The Americans with Disabilities Act (ADA) gives people with disabilities certain rights.** If I have a physical or mental condition that considerably limits a major life activity (e.g., moving, seeing, or thinking), I may be entitled to reasonable accommodations to help me participate in ESD programs.
- 5. Information about my application and benefits is confidential and protected by state and federal law.** ESD will not share any information about me unless it is directly connected to program administration, allowed by law or a court order, or I give my permission.
- 6. Only U.S. citizens and certain non-citizens can get benefits.** If my household includes people who are not eligible because of their immigration status, I can still apply for the members who are eligible. ESD will verify the immigration status of all non-citizens who apply for benefits with the U.S. Citizenship and Immigration Services. I do not have to provide immigration information for people who are not applying for benefits, but I do need to include other information, such as their income and resources.
- 7. Getting benefits from ESD can affect an immigrant's sponsor or immigration status.** If this applies to my household, I may choose to contact Vermont Legal Aid at **1-800-889-2047** with legal questions before applying.
- 8. I am responsible for reporting changes.** For all programs except 3SquaresVT, I agree to report changes within 10 days from when they occur. For 3SquaresVT, I must report changes that put our household's income at or above 130% of the federal poverty level, within 10 days after the month the change occurred in. For income guidelines, I can visit [www.fns.usda.gov/snap/eligibility](https://www.fns.usda.gov/snap/eligibility). To report changes, I can call **1-800-479-6151**, or to print the form (Form 200), I can visit [myBenefits.vt.gov](https://myBenefits.vt.gov).
- 9. I agree to provide a Social Security number (SSN) for each person applying.** Federal law requires this as a condition of eligibility (42 U.S.C. §1320b-7). Some programs may waive this requirement for members of a religious organization who object to providing Social Security numbers. ESD uses SSNs to enforce child support payments, prevent individuals from receiving duplicate benefits, verify the accuracy and reliability of the information provided to ESD, and more.
- 10. I agree to tell ESD immediately about benefits from another state.** If I or any member of my household gets duplicate food assistance or financial assistance from another state, or has been convicted in the past 10 years for lying about where they live to get benefits from more than one state, I will tell ESD.
- 11. I agree to assign all my child support rights to ESD.** I must complete and sign a Form137 (child support authorization) for each noncustodial parent (NCP) of a child for whom I am applying for financial assistance, before ESD can determine my eligibility. While waiting for ESD's decision, I must report any support the NCP pays to me directly. If granted assistance, I must then turn that support over to the Office of Child Support. To request a Form 137, I can call the Benefits Service Center at **1-800-479-6151**, or visit [myBenefits.vt.gov](https://myBenefits.vt.gov) to print the form.
- 12. I agree to cooperate with ESD if my application is selected for a quality control review.** This includes providing proof of any required information and authorizing ESD to get that proof if I am not able to provide it.
- 13. I authorize the Vermont Commissioner of Taxes to disclose information from my state income tax returns to the Commissioner of the Department for Children and Families, or his or her designee. (33 V.S.A. §112 (c))**

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14. **If I receive fuel assistance, I agree to accept free weatherization services.**
15. **If I receive 3SquaresVT, I agree to have myself and other household members automatically work registered at application unless exempt.** Anyone who is not exempt will be notified about the work requirements and penalties for non-compliance. They may also be referred to the Vermont Department of Labor to participate in work programs and activities.
16. **I agree to make sure the adults in my household comply with Reach Up requirements.** We will meet our case manager to develop a plan to gain employment and become more self-sufficient. If we do not comply with plan requirements, and we do not have good cause, our financial assistance grant will be reduced. We also agree not to spend or withdraw Reach Up cash at liquor stores, bars, strip clubs, casinos or other gaming establishments.
17. **I understand that if my household receives a monthly 3SquaresVT benefit, my children's names will be sent to the Agency of Education to certify their eligibility for free school meals.** If I do not want my child's name sent to the school, I must call the Benefits Service Center immediately at **1-800-479-6151**. I can change my mind later and complete a school lunch application at the school.
18. **I understand the information I provide on this application is subject to verification by federal, state, and local officials, and that I am responsible for its accuracy.** This includes information about my spouse or civil union partner, children, and other members of my household. Information that is available through the Income and Eligibility Verification System (IEVS) will be requested, used, and may be verified through collateral contacts when discrepancies are found by ESD. If the information I provide is not accurate my benefits may be reduced, I may be asked to repay benefits, I may be denied benefits, and/or I may be subject to an administrative disqualification hearing and/or criminal prosecution.
19. **I MUST NOT lie or hide information to get benefits my household should not get.** I understand it is *fraud* if I or any adult in my household knowingly, with general or specific intent, gives false or misleading information, in order to get, attempt to get, or help someone else get Reach Up, 3SquaresVT, Fuel Assistance, or Essential Person.
20. **I MUST NOT misuse 3SquaresVT/EBT cards.** I understand that misusing 3SquaresVT/EBT cards in the following ways is considered *trafficking*:
  - **I MUST NOT** sell my 3SquaresVT.
  - **I MUST NOT** trade for or use 3SquaresVT to buy non-food items, alcohol, tobacco products, illegal drugs, firearms, ammunition, or explosives.
  - **I MUST NOT** let anyone use my EBT card, other than to buy food for my household.
  - If I purchase food on credit, **I MUST NOT** use 3SquaresVT to pay off that credit, even if I charged food only.
  - **I MUST NOT** use or have in my possession someone else's EBT card(s), unless I'm purchasing food for their household.
21. **I understand that I or any adult in my household may be investigated for fraud, trafficking, or both and that I could be subject to an administrative disqualification hearing and/or criminal prosecution.** I understand that if I or any adult in my household is found guilty of Reach Up, 3SquaresVT, Fuel Assistance, or Essential Person fraud in a court, the penalty may be **up to three years in jail and a fine of up to \$1000**. It is also possible to be fined **up to \$250,000, imprisoned up to 20 years, or both**, if found guilty of 3SquaresVT trafficking in a court. I understand that if I or any adult in my household is found guilty of 3SquaresVT fraud or trafficking, either by an administrative body or court, the ban from 3SquaresVT will be **one year for the first offense, two years for the second, and permanently for the third**. If I or any member of my household is found guilty of trading for or buying illegal drugs with 3SquaresVT, the ban is **two years for the first offense and permanently for second**. If I get food benefits from two states at the same time, the ban is **10 years**. I understand that if I or any adult in my household is found guilty of any one trafficking instance exceeding \$500 or trading fire arms, ammunition, or explosives for 3SquaresVT, the ban is **permanent**. As per the Food and Nutrition Act of 2008, 7 C.F.R Section 273.16b, 42 U.S.C Sections 1320a-7b and 33 V.S.A Sections 141, 143 these and other federal and state penalties may also apply.
22. **I certify that no one in my household is fleeing prosecution.** This includes confinement for a felony or an attempt to commit a felony, or violating a condition of probation or parole under a federal or state law. I understand that ESD must disclose information to law enforcement agencies to apprehend fleeing felons.

# Important Information About 3SquaresVT

## Work Requirements

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If you get 3SquaresVT, all household members are automatically work registered at application unless they are exempt. Anyone who is not exempt will be notified about the work requirements and penalties for non-compliance. They may also be referred to the Vermont Department of Labor to participate in work programs and activities.

## Free School Meals

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If your household receives a monthly benefit from 3SquaresVT and your children attend schools that participate in the National School Lunch or Breakfast Program, they are automatically eligible for free school meals. We'll send their names to the Agency of Education to certify their eligibility unless you ask us not to. Once you receive your grant notice, you may also bring that to the schools to get your children enrolled as quickly as possible. The grant notice can also be used to get your children free meals if they attend a childcare program that participates in the Child and Adult Care Food Program, or a summer school, club, or camp that participates in the Summer Food Service Program. More details are on page 18, item 17 in the Rights & Responsibilities.

## 3SquaresVT Federal Requirements

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3SquaresVT is what Vermont calls the federal Supplemental Nutrition Assistance Program (SNAP). The State must process applications for 3SquaresVT in accordance with SNAP procedures, including timeliness, notice, and fair hearing requirements, regardless of whether the application is for 3SquaresVT only or 3SquaresVT and other programs. An applicant may not be denied 3SquaresVT benefits solely because they were denied benefits from other programs. If the applicant is in an institution and applying for 3SquaresVT and Supplemental Security Income (SSI) at the same time, the filing date will be the date of release from the institution.

The Food and Nutrition Act of 2008 (formerly the Food Stamp Act), as amended, 7 U.S.C. 2011-2036, authorizes the collection of information on the application, including the Social Security number of each household member, to be used to determine whether you are eligible or continue to be eligible to receive 3SquaresVT benefits. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

## USDA Nondiscrimination Statement

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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **1-800-877-8339**. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **1-866-632-9992**. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: **1-202-690-7442**; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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